PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032

Under the Paperwork Re	duction Act of 1999	5, no person are re	respond to a collec	espond to a collection of information unless it displays a valid OMB control number			
Effective on 12/08/2004,				Complete if Known			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number		10/535,065-Conf. #1848	
FEE TRANSMITTAL				Filing Date		October 24, 2005	
For FY 2009				First Named Inventor		Catherine Ro	bert
						K. E. Vicary	
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 2		2183	Auril Avi
TOTAL AMOUNT OF PAYMENT (\$) 940.00 Attorney Docket No. S1022.81242US00							
METHOD OF PAYMENT (check all that apply)							
Check x Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILIN	G FEES		ARCH FEES		INATION FEE	_
Application Type	Fee (\$)	Small Entity Fee (S)	Fee (\$	Small Entity Fee (\$)	<u>/</u> <u>Fee (\$</u>	Small Entity Fee (\$)	(Fees Paid (\$)
Utility	330	165	540	270	220		1 663 Blu (4)
Design	220	110	100	50	140		
Plant	220	110	330	165	170		
Reissue	330	165	540	270	650	325	- APPLIANCE OF THE PROPERTY OF
Provisional	220	110	0	0	0		
2. EXCESS CLAIM FEES							Small Entity
Fee Description Fee (\$)							
Each claim over 20 (including Reissues) 52 26							
Each independent claim of	•	ig Reissues)					220 110
Multiple dependent claim							390 195
Total Claims		F	Fee Paid (\$)		Multiple Dependent Claims		
- or HP = x = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20,							
· ·	xtra Claims	Fee (\$)	F	ee Paid (\$)			
- or HP = X =							
HP = highest number of indep	endent claims paid	for, if greater than	3.				
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
	Extra Sheets			dditional 50 or fr		eof Fee (\$)	Fee Paid (\$)
				(round up to a wi			=
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1251 Extension for response within first month 130.00 1801 Request for continued examination (RCE) (see 37 810.00							
SUBMITTED BY Signature				Registration No.		<u> </u>	0.45 0.45 5.55
	Mre Z			(Attorney/Agent)	34,68	1 Telephone	617.646.8000
Name (Print/Type) James I	H. Morris					Date	November 25, 2008
Certificate of Electronic Filing Under 37 CFR 1,8							
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).							
Dated: November 25, 2008 Signature:							